

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000012801**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01126234
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 05/27/20
N55W	1		
433G	1		
GR8J	2		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/22/20 PO#01208044	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/26/20 RC#012058
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

GOVERNMENT
EXHIBIT

91

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Page: 1 of 2 pages.

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SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000012801**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01126234
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 05/27/20
FP4T	3		
LB7W	2		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/22/20 PO#01208044	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/26/20 RC#012058
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000012838**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01126234
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 05/27/20
GR8J	1		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 05/27/20 PO#01208060	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 05/27/20 RC#012081
SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Purchased & Ref : 05/27/20 01S24637002	SHIPPED TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD GARDEN GROVE CA 92843 Date Received & Ref : 05/27/20 01S24637002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: DOVATO TAB 30CT			Reference Number: <u>INV512</u>
NDC: 49702-0246-13			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>07/24/2020</u>
A65N	1		

(TH) Transaction HistoryManufacturer's Name: **ViiV Healthcare**Manufacturer's information: **Five Moore Drive Research, Triangle Park, North Carolina 27709-3398**

SOLD TO: Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Purchased & Ref : 05/07/20 PO#159657	SHIPPED TO: Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Received & Ref : 05/07/20
SOLD TO: Name: LMP Pharmacy Address: 7535 Main Str Flushing, NY 11367 Date Purchased & Ref : 05/22/20 PO#5243	SHIPPED TO: Name: LMP Pharmacy Address: 7535 Main Str Flushing, NY 11367 Date Received & Ref : 05/22/20
SOLD TO: Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Purchased & Ref : 06/03/20 PO#01A2598	SHIPPED TO: Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Received & Ref : 06/03/20
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Purchased & Ref : 06/05/20 PO#01208419	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Received & Ref : 06/15/20
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 07/24/20 PO#9115	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 07/24/20

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000015424**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Reference Number: 01I31650

Document Type: Invoice

Reference Date: 08/24/20

Lot Number	Quantity	Unique Serial #
9R2Y	1	
HC6L	1	
WS3J	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 08/18/20 851071	SHIPPED TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 08/18/20 851071
SOLD TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/20/20 2690	SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 08/20/20 2690
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/21/20 PO#01209427	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/24/20 RC#013778
SOLD TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVE. W BLOOMFIELD NJ 07003 Date Purchased & Ref : 08/24/20 01S27686004	SHIPPED TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVENUE W NEWARK NJ 07107 Date Received & Ref : 08/24/20 01S27686004
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000015424**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Reference Number: 01I31650

Document Type: Invoice

Reference Date: 08/24/20

Lot Number	Quantity	Unique Serial #
9R2Y	1	
HC6L	1	
WS3J	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

Date Purchased & Ref : 08/18/20 851071

SHIPPED TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

Date Received & Ref : 08/18/20 851071

SOLD TO:

Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3
STAMFORD CT 06902

Date Purchased & Ref : 08/20/20 2690

SHIPPED TO:

Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3
STAMFORD CT 06902

Date Received & Ref : 08/20/20 2690

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613

Date Purchased & Ref : 08/21/20 PO#01209427

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613

Date Received & Ref : 08/24/20 RC#013778

SOLD TO:

Name: GIANNOTTO'S SPECIALTY PHARMACY

Address: 195 FIRST AVE. W
BLOOMFIELD NJ 07003

Date Purchased & Ref : 08/24/20 01S27686004

SHIPPED TO:

Name: GIANNOTTO'S SPECIALTY PHARMACY

Address: 195 FIRST AVENUE W
NEWARK NJ 07107

Date Received & Ref : 08/24/20 01S27686004

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000017378**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

JULUCA TAB 30CT,

50/25MG

NDC: 49702-0242-13

Reference Number: 01137029

Document Type: Invoice

Reference Date: 11/10/20

Lot Number	Quantity	Unique Serial #
S76K	1	
FN4D	6	
CT5U	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: FIVE MOORE DRIVE RESEARCH TRIANGLE, NC 27709

SOLD TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE
CAGAS, PR 00725

Date Purchased & Ref : 11/05/20 PO#V82453

SHIPPED TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE
CAGAS, PR 00725

Date Purchased & Ref : 11/05/20 PO#V82453

SOLD TO:

Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3
STAMFORD CT 06902

Date Purchased & Ref : 11/09/20 PO#85148

SHIPPED TO:

Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3
STAMFORD CT 06902

Date Received & Ref : 11/09/20 PO#85148

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613

Date Purchased & Ref : 11/09/20 PO#01210538

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613

Date Received & Ref : 11/10/20 RC#015177

SOLD TO:

Name: OLYMPIA PLAZA PHARMACY INC

Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036

Date Purchased & Ref : 11/10/20 01S32820003

SHIPPED TO:

Name: OLYMPIA PLAZA PHARMACY INC

Address: 5901 W OLYMPIC BLVD STE 103
LOS ANGELES CA 90036

Date Received & Ref : 11/10/20 01S32820003

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01138921
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 12/08/20
354K	1		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/14/19 PO#A142385	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/14/19 PO#A142385
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/12/19 PO#20191112	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/12/19 PO#20191112
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/08/19 PO#01262122	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/08/19 PO#01262122
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01138921
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 12/08/20
7N9J	1		
7N9K	1		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/17/19 PO#A142423	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/17/19 PO#A142423
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/22/19 PO#20191122	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/22/19 PO#20191122
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/05/19 PO#01258999	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/05/19 PO#01258999
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000018008**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)			Reference Number: 01I38921
NDC: 49702-0231-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 12/08/20
V79D	3		

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Purchased & Ref : 10/17/19 PO#A142423	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CORP. Address: 5500 NEW HORIZONS BLVD NORTH AMITYVILLE, NY 11701-1156 Date Received & Ref : 10/17/19 PO#A142423
SOLD TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Purchased & Ref : 11/14/19 PO#20191114	SHIPPED TO: Name: AMSTERDAM WELLNESS PHARMACY INC Address: 2091 AMSTERDAM AVE NEW YORK, NY 10032-8210 Date Received & Ref : 11/14/19 PO#20191114
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 12/06/19 PO#012159654	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref : 12/06/19 PO#012159654
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 12/01/20 PO#01210838	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 12/02/20 RC#015589
SOLD TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Purchased & Ref : 12/08/20 01S35521001	SHIPPED TO: Name: CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 WEST HOLLYWOOD CA 90046 Date Received & Ref : 12/08/20 01S35521001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
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 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000019052**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

Reference Number: 01140557

NDC: 49702-0231-13

Document Type: Invoice

Reference Date: 01/06/21

Lot Number	Quantity	Unique Serial #
UC3R	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref : 10/17/19 PO#A142423

SHIPPED TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Received & Ref : 10/17/19 PO#A142423

SOLD TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Purchased & Ref : 11/15/19 PO#20191115

SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Received & Ref : 11/15/19 PO#20191115

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref : 12/08/19 PO#01262122

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref : 12/08/19 PO#01262122

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 01/04/21 PO#01211295

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 01/05/21 RC#016278

SOLD TO:

Name: HEALTHMAX PHARMACY

Address: 80-07 JAMAICA AVENUE

WOODHAVEN NY 11421

Date Purchased & Ref : 01/06/21 01S36772001

SHIPPED TO:

Name: HEALTHMAX PHARMACY

Address: 80-07 JAMAICA AVENUE

WOODHAVEN NY 11421

Date Received & Ref : 01/06/21 01S36772001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000020451**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

Reference Number: 01143009

NDC: 49702-0231-13

Document Type: Invoice

Reference Date: 02/15/21

Lot Number	Quantity	Unique Serial #
GS5E	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 02/11/21 PO#01211914	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 02/12/21 RC#017078
SOLD TO: Name: MAIN STREET PHARMACY Address: 667 MAIN STREET LAUREL MD 20707 Date Purchased & Ref : 02/15/21 01S39168001	SHIPPED TO: Name: MAIN STREET PHARMACY Address: 667 MAIN STREET LAUREL MD 20707 Date Received & Ref : 02/15/21 01S39168001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG

NDC: 49702-0231-13

Reference Number: 01I44144

Document Type: Invoice

Reference Date: 03/03/21

Lot Number	Quantity	Unique Serial #
2T4G	1	
7N9K	1	
GS5E	4	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref : 02/07/21 14921679

SHIPPED TO:

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref : 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref : 02/23/21 8C13810

SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Received & Ref : 02/23/21 8C13810

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/02/21 PO#01212140

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/03/21 RC#017439

SOLD TO:

Name: LEROY PHARMACY

Address: 314 EAST 204TH ST

BRONX NY 10467

Date Purchased & Ref : 03/03/21 01S40011001

SHIPPED TO:

Name: LEROY PHARMACY

Address: 314 EAST 204TH ST

BRONX NY 10467

Date Received & Ref : 03/03/21 01S40011001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:
TRIUMEQ TAB 30CT,
600/50/300MG
NDC: 49702-0231-13

Reference Number: 01I44144Document Type: InvoiceReference Date: 03/03/21

Lot Number	Quantity	Unique Serial #
GS5G	1	
N78R	1	
RN2K	2	

(TH) Transaction HistoryManufacturer's Name: **VIIV HEALTHCARE**Manufacturer's information: **Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709****SOLD TO:**Name: **WHOLESALERS GROUP INC.**Address: **917 CALLE TRINITY****CAROLINA PR 00982**Date Purchased & Ref : **02/07/21 14921679****SHIPPED TO:**Name: **WHOLESALERS GROUP INC.**Address: **917 CALLE TRINITY****CAROLINA PR 00982**Date Received & Ref : **02/07/21 14921679****SOLD TO:**Name: **SYNERGY GROUP WHOLESALERS**Address: **491 AMWELL RD SUITE 103****HILLSBOROUGH NJ 08844**Date Purchased & Ref : **02/23/21 8C13810****SHIPPED TO:**Name: **SYNERGY GROUP WHOLESALERS**Address: **491 AMWELL RD SUITE 103****HILLSBOROUGH NJ 08844**Date Received & Ref : **02/23/21 8C13810****SOLD TO:**Name: **SAFE CHAIN SOLUTIONS, LLC**Address: **822 CHESAPEAKE DR****CAMBRIDGE MD 21613**Date Purchased & Ref : **03/02/21 PO#01212140****SHIPPED TO:**Name: **SAFE CHAIN SOLUTIONS**Address: **822 CHESAPEAKE DR****CAMBRIDGE MD 21613**Date Received & Ref : **03/03/21 RC#017439****SOLD TO:**Name: **LEROY PHARMACY**Address: **314 EAST 204TH ST****BRONX NY 10467**Date Purchased & Ref : **03/03/21 01S40011001****SHIPPED TO:**Name: **LEROY PHARMACY**Address: **314 EAST 204TH ST****BRONX NY 10467**Date Received & Ref : **03/03/21 01S40011001****SOLD TO:**

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021119**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:
TRIUMEQ TAB 30CT,
600/50/300MG
NDC: 49702-0231-13

Reference Number: 01I44144Document Type: InvoiceReference Date: 03/03/21

Lot Number	Quantity	Unique Serial #
V79D	1	

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE**
 Manufacturer's information: **Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709**

SOLD TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CAROLINA PR 00982 Date Purchased & Ref : 02/07/21 14921679	SHIPPED TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CAROLINA PR 00982 Date Received & Ref : 02/07/21 14921679
SOLD TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Purchased & Ref : 02/23/21 8C13810	SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Received & Ref : 02/23/21 8C13810
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/02/21 PO#01212140	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/03/21 RC#017439
SOLD TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Purchased & Ref : 03/03/21 01S40011001	SHIPPED TO: Name: LEROY PHARMACY Address: 314 EAST 204TH ST BRONX NY 10467 Date Received & Ref : 03/03/21 01S40011001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000021236**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Lot Number	Quantity	Unique Serial #
HC3V	4	
WS3J	2	

Reference Number: 01144344

Document Type: Invoice

Reference Date: 03/05/21

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref : 11/09/20 20750128

SHIPPED TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Received & Ref : 11/09/20 20750128

SOLD TO:

Name: RAPIDS TEX WHOLESALERS CRP

Address: 10333 HARWIN DR. STE 263

HOUSTON TX 77036

Date Purchased & Ref : 12/07/20 9773734

SHIPPED TO:

Name: RAPIDS TEX WHOLESALERS CRP

Address: 10333 HARWIN DR. STE 263

HOUSTON TX 77036

Date Received & Ref : 12/07/20 9773734

SOLD TO:

Name: MR.UNLIMITED, LLC

Address: ATTN:ACCOUNTS RECEIVABLE

BRENHAM TX 77833

Date Purchased & Ref : 03/04/21 52741RTWSF

SHIPPED TO:

Name: MR.UNLIMITED, LLC

Address: ATTN:ACCOUNTS RECEIVABLE

BRENHAM TX 77833

Date Received & Ref : 03/04/21 52741RTWSF

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/03/21 PO#01212162

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS - UT

Address: 1812 W SUNSET BLVD

ST. GEORGE UT 84770

Date Received & Ref : 03/05/21 RC#017501

SOLD TO:

Name: ELDER PHARMACY

Address: 1527 WESTCHESTER AVE.

BRONX NY 10472

Date Purchased & Ref : 03/05/21 01S40156001

SHIPPED TO:

Name: ELDER PHARMACY LLC

Address: 1527 WESTCHESTER AVE

BRONX NY 10472

Date Received & Ref : 03/05/21 01S40156001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc# 00000021475

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: JULUCA TAB 30CT, 50/25MG NDC: 49702-0242-13			Reference Number: <u>01144803</u> Document Type: <u>Invoice</u> Reference Date: <u>03/12/21</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>R43R</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	R43R	1									
Lot Number	Quantity	Unique Serial #												
R43R	1													

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Purchased & Ref : 11/09/20 20750128	SHIPPED TO: Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD. NORTH AMITYVILLE NY 11701-1156 Date Received & Ref : 11/09/20 20750128
SOLD TO: Name: RAPIDS TEX WHOLESALERS CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Purchased & Ref : 01/29/21 9773779	SHIPPED TO: Name: RAPIDS TEX WHOLESALERS CRP Address: 10333 HARWIN DR. STE 263 HOUSTON TX 77036 Date Received & Ref : 01/29/21 9773779
SOLD TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Purchased & Ref : 03/11/21 52784RTWSC	SHIPPED TO: Name: MR.UNLIMITED, LLC Address: ATTN:ACCOUNTS RECEIVABLE BRENHAM TX 77833 Date Received & Ref : 03/11/21 52784RTWSC
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/10/21 PO#01212254	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST. GEORGE UT 84770 Date Received & Ref : 03/12/21 RC#017625
SOLD TO: Name: GREENVILLE PHARMACY LLC Address: 1850 JOHN F KENNEDY BLVD. JERSEY CITY NJ 07305 Date Purchased & Ref : 03/12/21 01S40546002	SHIPPED TO: Name: GREENVILLE PHARMACY LLC Address: 1850 JOHN F KENNEDY BLVD JERSEY CITY NJ 07305 Date Received & Ref : 03/12/21 01S40546002

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021825**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: JULUCA TAB 30CT, 50; 25 mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-242-13)			Reference Number: 01145682
NDC: 49702-0242-13			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 03/26/21
BV4B	2		
MW5J	1		

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE
 Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/25/21 RC#017833
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41004002	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41004002
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
2Y7S	1	
682E	4	
7J4V	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
8L3M	3	
9R2Y	2	
E76Y	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/25/21 PO#01212452

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
FU5E	5	
GH3U	1	
HN9W	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/25/21 PO#01212452

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
LK9U	1	
PN5E	3	
RJ8T	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/25/21 PO#01212452

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
RT6F	1	
RW9Y	1	
SY7D	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
SY7L	1	
T96C	1	
VT3C	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
WP4P	1	
Y22W	2	
SH7B	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref :	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref :
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 03/25/21 PO#01212452	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 03/26/21 RC#017834
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref : 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref : 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
(D) did not knowingly ship a suspect or illegitimate product;
(E) had systems and processes in place to comply with verification requirements under section 582;
(F) did not knowingly provide false transaction information; and
(G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021836**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
GB2K	1	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/25/21 PO#01212452

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021694**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
682H	3	
FU5E	2	
GH3U	5	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref : 09/30/19 A141638

SHIPPED TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Received & Ref : 09/30/19

SOLD TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Purchased & Ref : 11/06/19 20191106

SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Received & Ref : 11/06/19 20191106

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/19/21 PO#01212358

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/19/21 RC#017738

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021694**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
RN2F	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref : 09/30/19 A141638

SHIPPED TO:

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Received & Ref : 09/30/19

SOLD TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Purchased & Ref : 11/06/19 20191106

SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210

Date Received & Ref : 11/06/19 20191106

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/19/21 PO#01212358

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/19/21 RC#017738

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

SAFE CHAIN SOLUTIONS, LLC

Drug Supply Chain Security Act Document Doc#00000021304**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

NDC: 49702-0228-13

Reference Number: 01145710

Document Type: Invoice

Reference Date: 03/26/21

Lot Number	Quantity	Unique Serial #
LD3H	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Purchased & Ref :

SHIPPED TO:

Name: BOULEVARD 9229 LLC

Address: 9229 QUEENS BLVD

REGO PARK NY 11374

Date Received & Ref :

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref : 03/08/21 PO#01212210

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/08/21 RC#017537

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref : 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref : 03/26/21 01S41410001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049379**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Dovato 50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0246-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
KE3G	4	08/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049380**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Evotaz 300mg/150mg, 30 EA			Reference Number: <u>SC00001</u>
NDC: 00003-3641-11			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
CFHSFA	2	03/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Bristol Meyers
 Manufacturer's information: New York, NY 10016

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049381**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Intelence 200mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0571-01			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
KGL0002	3	06/23	Reference Date: <u>6/9/2021</u>
JKL2I00	1	10/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049382**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Isentress 400mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 00006-0227-61			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
T032933	1	12/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Merck & Co. Inc.
 Manufacturer's information: Kenilworth, NJ 07033

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049383**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Juluca 50mg/25mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0242-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
MW5J	1	08/23	Reference Date: <u>6/9/2021</u>
BV4B	1	08/23	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049384**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Kaletra 200mg/50mg, 120 EA			Reference Number: <u>SC00001</u>
NDC: 00074-6799-22			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1127921	1	05/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: AbbVie Inc.
 Manufacturer's information: North Chicago, IL 60064

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049385**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 120 120mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0312-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0850630	4	08/24	Reference Date: <u>6/9/2021</u>
R0636130P	1	06/24	
R0962930P	1	10/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049386**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 120 120mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0312-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
S0037330	2	12/24	Reference Date: <u>6/9/2021</u>
R0962630P	1	10/24	
R0057030	1	01/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049387**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 20 20mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0302-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7021C30P	2	06/24	Reference Date: <u>6/9/2021</u>
7019C30P	1	05/24	
7035C30P	1	03/25	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049388**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
Latuda 20 20mg Tablet, 30 EA

Reference Number: SC00001

NDC: 63402-0302-30

Customer PO #: 000679

Lot Number	Quantity	Expiration Date
7029C30	2	10/24
7022C30	1	08/24
R0907630	1	08/24

Document Type: Invoice

Reference Date: 6/9/2021

(TH) Transaction HistoryManufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752**SOLD TO:**Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Purchased & Ref : 05/28/2021

A982776

SHIPPED TO:Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Received & Ref : 05/28/2021

A982776

SOLD TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Purchased & Ref : 06/07/2021

6747211

SHIPPED TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Received & Ref : 06/07/2021

6747211

SOLD TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Purchased & Ref : 06/09/2021

000679

SHIPPED TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Received & Ref : 06/09/2021

000679

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049389**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 20 20mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0302-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7018C30P	1	05/24	Reference Date: <u>6/9/2021</u>
7031C30	1	10/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049390**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1351C30P	5	10/24	Reference Date: <u>6/9/2021</u>
3180456	1	05/24	
1312C30P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049391**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1350C30P	2	10/24	Reference Date: <u>6/9/2021</u>
3184973	1	09/24	
1321C30P	1	06/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049392**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0056430P	2	12/23	Reference Date: <u>6/9/2021</u>
3188091	1	11/24	
1328C30PA	1	07/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049393**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 40 40mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0304-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1375C30P	1	03/25	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049394**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3188092	4	09/24	Reference Date: <u>6/9/2021</u>
3179014	1	02/24	
3185566	1	08/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049395**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3186387	2	09/24	Reference Date: <u>6/9/2021</u>
3182550	1	03/24	
3187128	1	12/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049396**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3188103	2	12/24	Reference Date: <u>6/9/2021</u>
3183390	1	06/24	
3189978	1	04/25	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049397**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 60 60mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0306-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3179013	1	02/24	Reference Date: <u>6/9/2021</u>
3184209	1	06/24	
1331C30P	1	07/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049398**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1316C30	3	05/24	Reference Date: <u>6/9/2021</u>
1317C30	1	05/24	
P0555230P	1	06/22	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049399**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
Latuda 80 80mg Tablet, 30 EA

Reference Number: SC00001

NDC: 63402-0308-30

Customer PO #: 000679

Lot Number	Quantity	Expiration Date
1307C30P	2	04/24
1318C30	1	05/24
R0440730P	1	04/24

Document Type: Invoice

Reference Date: 6/9/2021

(TH) Transaction HistoryManufacturer's Name: Sunovion Pharmaceuticals Inc.
Manufacturer's information: Marlborough, MA 01752**SOLD TO:**Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Purchased & Ref : 05/28/2021 A982776

SHIPPED TO:Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Received & Ref : 05/28/2021 A982776

SOLD TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Purchased & Ref : 06/07/2021 6747211

SHIPPED TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Received & Ref : 06/07/2021 6747211

SOLD TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Purchased & Ref : 06/09/2021 000679

SHIPPED TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Received & Ref : 06/09/2021 000679

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049400**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
R0441630	2	04/24	Reference Date: <u>6/9/2021</u>
1342C30P	1	09/24	
R0556530P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049401**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
3180461	1	12/23	Reference Date: <u>6/9/2021</u>
1358C30P	1	11/24	
R0556630P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049402**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1277C30	1	11/23	Reference Date: <u>6/9/2021</u>
1362C30	1	12/24	
R0560130P	1	05/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049403**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Latuda 80 80mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 63402-0308-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
1281C30P	1	11/23	Reference Date: <u>6/9/2021</u>
1363C30	1	12/24	
R1005430P	1	10/24	

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc.
 Manufacturer's information: Marlborough, MA 01752

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049404**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG466	11	09/22	Reference Date: <u>6/9/2021</u>
20CG988	2	02/22	
20LG390	1	09/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049405**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG473	5	10/22	Reference Date: <u>6/9/2021</u>
20KG334	1	08/22	
20JG269	1	07/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049406**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20LG388	4	09/22	Reference Date: <u>6/9/2021</u>
20CG935	1	01/22	
20KG337	1	08/22	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049407**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezcobix 800mg/150mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0575-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20LG391	3	09/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049408**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezista 600mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0562-01			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
19NG777	1	10/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049409**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Prezista 800mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0566-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG455	1	09/23	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049410**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Selzentry 150mg Tablet, 60 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0223-18			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
DC7960	2	11/23	Reference Date: <u>6/9/2021</u>
DK4995	1	10/24	
CK7695	1	01/24	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049411**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0800-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
19MG726	14	01/22	Reference Date: <u>6/9/2021</u>
20GG129	3	02/23	
20GG131	1	01/23	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049412**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0800-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG468	10	08/23	Reference Date: <u>6/9/2021</u>
20EG062	2	01/23	
20LG374X	1	06/23	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049413**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0800-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20MG469	1	08/23	Reference Date: <u>6/9/2021</u>
20KG322	2	04/23	
20LG396	1	06/23	

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049414**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 59676-0800-30			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
20AG853X	3	02/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: Janssen Products LP
 Manufacturer's information: Titusville, NJ08560

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049415**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
TD4W	5	12/25	Reference Date: <u>6/9/2021</u>
TD5D	2	12/25	
8L3M	1	08/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049416**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
VT3C	3	10/24	Reference Date: <u>6/9/2021</u>
YV5H	2	12/25	
YV5J	1	12/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049417**(TI) Transaction Information**Drug Name, Strength, Dosage Form, Container Size:
Tivicay 50mg Tablet, 30 EA

Reference Number: SC00001

NDC: 49702-0228-13

Customer PO #: 000679

Lot Number	Quantity	Expiration Date
LD3H	2	11/25
WF2G	1	10/24
8N2Y	1	10/24

Document Type: Invoice

Reference Date: 6/9/2021

(TH) Transaction HistoryManufacturer's Name: ViiV Healthcare
Manufacturer's information: RTP, NC 27709**SOLD TO:**Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Purchased & Ref : 05/28/2021 A982776

SHIPPED TO:Name: INDEPENDENT PHARMACY COOPERATIVE
Address: 1550 COLUMBUS STREET
SUN PRAIRIE, WI 53590

Date Received & Ref : 05/28/2021 A982776

SOLD TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Purchased & Ref : 06/07/2021 6747211

SHIPPED TO:Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE
RANCHO CUCAMONGA, CA 91730

Date Received & Ref : 06/07/2021 6747211

SOLD TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Purchased & Ref : 06/09/2021 000679

SHIPPED TO:Name: SAFE CHAIN SOLUTIONS - UT
Address: 1812 W SUNSET BLVD ST 34
ST. GEORGE UT 84770

Date Received & Ref : 06/09/2021 000679

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

SOLD TO:Name:
Address:

Date Purchased & Ref :

SHIPPED TO:Name:
Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049418**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
7H6G	2	01/26	Reference Date: <u>6/9/2021</u>
Y22W	1	08/25	
Y22X	1	08/25	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049419**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Tivicay 50mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0228-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
9R2Y	1	10/24	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049420**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0231-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
RV5B	4	11/22	Reference Date: <u>6/9/2021</u>
3L8S	2	11/22	
GS5G	1	10/22	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049421**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0231-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
AU7C	2	02/23	Reference Date: <u>6/9/2021</u>
XC8B	2	11/22	
RN2K	1	10/22	

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

Drug Supply Chain Security Act Document Doc#00000049422**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: Triumeq 600/50mg/300mg Tablet, 30 EA			Reference Number: <u>SC00001</u>
NDC: 49702-0231-13			Customer PO #: <u>000679</u>
Lot Number	Quantity	Expiration Date	Document Type: <u>Invoice</u>
S66V	2	11/22	Reference Date: <u>6/9/2021</u>

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare
 Manufacturer's information: RTP, NC 27709

SOLD TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 05/28/2021 A982776	SHIPPED TO: Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Received & Ref : 05/28/2021 A982776
SOLD TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Purchased & Ref : 06/07/2021 6747211	SHIPPED TO: Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE RANCHO CUCAMONGA, CA 91730 Date Received & Ref : 06/07/2021 6747211
SOLD TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Purchased & Ref : 06/09/2021 000679	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34 ST. GEORGE UT 84770 Date Received & Ref : 06/09/2021 000679
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
 (D) did not knowingly ship a suspect or illegitimate product;
 (E) had systems and processes in place to comply with verification requirements under section 582;
 (F) did not knowingly provide false transaction information; and
 (G) did not knowingly alter the transaction history.

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**

Quantity: 5

Current Seller: CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Tivicay 50mg, 30 tablets	
NDC:	<u>49702-228-13</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
X49P	03/25	1
2Y7S	10/24	1
596M	01/26	1
759H	05/24	1
7H6G	01/26	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Latuda 20mg, Tablets, 30 ea	
NDC:	<u>63402-302-30</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
7036C30	03/25	1
7034C30P	01/25	1

(TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals

Sold to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/26/21 820928867187

Shipped to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/26/21 820928867187

Sold to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Shipped to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Sold to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Shipped to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **4****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Dovato 50mg/300mg, Tablets, 30 ea	
NDC:	<u>49702-246-13</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
F44T	02/23	3
FB2B	02/23	1

(TH) Transaction HistoryManufacturer's Name: **ViiV Healthcare**

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **1****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Edurant, 25mg, 30 tablets		Lot Number	Expiration Date	Quantity
NDC: <u>59676-278-01</u>		JEL2600.A	04/22	1
Customer PO: <u>000761</u>				
Reference Number: <u>50022065</u>				
Reference Date: <u>06/17/21</u>				
Document Type: <u>Invoice</u>				

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Isentress 400mg, 60 tablets	Lot Number	Expiration Date	Quantity
NDC: <u>0006-0227-61</u>	T024536	09/22	1
Customer PO: <u>000761</u>	U012481	07/23	1
Reference Number: <u>50022065</u>			
Reference Date: <u>06/17/21</u>			
Document Type: <u>Invoice</u>			

(TH) Transaction History

Manufacturer's Name: Merck & Co., Inc.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/23/21 820928867290	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/23/21 820928867290
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **10****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Juluca 50mg/25mg, 30 tablets	Lot Number	Expiration Date	Quantity
NDC: <u>49702-242-13</u>	2W3S	10/23	4
Customer PO: <u>000761</u>	K59K	11/23	4
Reference Number: <u>50022065</u>	R49Y	01/23	1
Reference Date: <u>06/17/21</u>	CT5U	12/22	1
Document Type: <u>Invoice</u>			

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: **1****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Prezista 600mg, 30 tablets	
NDC:	<u>59676-562-01</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
21BG590	02/24	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/19/21 820928867010

Shipped to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/19/21 820928867010

Sold to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Shipped to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Sold to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Shipped to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **14****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Prezista 800mg, 30 tablets	Lot Number	Expiration Date	Quantity
NDC: <u>59676-566-01</u>	20MG455	09/23	7
Customer PO: <u>000761</u>	20MG452	09/23	4
Reference Number: <u>50022065</u>	20EG104	05/23	1
Reference Date: <u>06/17/21</u>	20LG416	09/23	1
Document Type: <u>Invoice</u>	20LG415X	05/23	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: **8****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Prezcobix, 800mg/150mg, 30 tablets	Lot Number	Expiration Date	Quantity
NDC: <u>59676-575-30</u>	20MG473	10/22	3
Customer PO: <u>000761</u>	20NG476	10/22	2
Reference Number: <u>50022065</u>	21AG538	11/22	2
Reference Date: <u>06/17/21</u>	21AG542	10/22	1
Document Type: <u>Invoice</u>			

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **2****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Symtuza, 800mg/150mg/200mg/10mg, 30 tablets	
NDC:	<u>59676-800-30</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
21BG558	11/23	1
20AG853X	02/22	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/19/21 820928867010
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: **48****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Symtuza, 800mg/150mg/200mg/10mg, 30 tablets	
NDC:	<u>59676-800-30</u>
Customer PO:	<u>000761</u>
Reference Number:	<u>50022065</u>
Reference Date:	<u>06/17/21</u>
Document Type:	<u>Invoice</u>

Lot Number	Expiration Date	Quantity
20MG469	08/23	18
21AG553	09/23	8
20MG468	08/23	6
20HG204	03/24	5
20KG322	04/23	4
20GG131	01/23	3
20HG203	03/23	2
20GG129	02/23	1
20EG062	01/23	1

(TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/19/21 820928867010

Shipped to:
Name: McKesson Corporation
License Number: 0082692
Address: 3301 Pollok Drive Conroe, TX 77303
Date Purchased & Ref: 04/19/21 820928867010

Sold to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Shipped to:
Name: Cintex Services LLC
License Number: PHW004662
Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024
Date Purchased & Ref: 06/16/21 3002781907

Sold to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Shipped to:
Name: Safe Chain Solutions
License Number: DO3211
Address: 822 Chesapeake Drive Cambridge, MD 21613
Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **20****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Tivicay 50mg, Tablets, 30 ea		Lot Number	Expiration Date	Quantity
NDC: <u>49702-228-13</u>		N56M	03/26	7
Customer PO: <u>000761</u>		E88N	02/26	6
Reference Number: <u>50022065</u>		885M	04/25	1
Reference Date: <u>06/17/21</u>		GB2B	05/25	1
Document Type: <u>Invoice</u>		HC6L	01/25	1
		LD3H	11/25	1
		RT6F	09/23	1
		TD5D	12/25	1
		WX8M	10/24	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 8189288670102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**Quantity: **27****Current Seller:** CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Triumeq 600mg/50mg/300mg, 30 tablets		Lot Number	Expiration Date	Quantity
NDC: <u>49702-231-13</u>		KW7S	03/23	9
Customer PO: <u>000761</u>		XC8B	11/22	3
Reference Number: <u>50022065</u>		M44B	03/23	2
Reference Date: <u>06/17/21</u>		LN6U	03/23	2
Document Type: <u>Invoice</u>		BK7M	02/23	2
		RH3L	12/22	4
		EB3D	12/22	3
		AU7C	02/23	1
		T64L	03/23	1

(TH) Transaction HistoryManufacturer's Name: **ViiV Healthcare**

Sold to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

Cintex Services LLC Pedigree**(TS) Transaction Statement**Transaction Date: **06/17/21**Shipment Date **06/17/21**Invoice #: **50022065**

Quantity: 5

Current Seller: CINTEX SERVICES LLC**Current Buyer:** SAFE CHAIN SOLUTIONS

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act
 (X) Did not knowingly ship a suspect or illegitimate product.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(X) Have received the product from a person that is authorized under the Drug Supply Chain Act.
 (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
 (X) Had systems and processes in place to comply with verification requirements under section 582
 (X) Did not knowingly provide false transaction information.
 (X) Did not knowingly alter the transaction history.

(TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Triumeq 600mg/50mg/300mg, 30 tablets	Lot Number	Expiration Date	Quantity
NDC: <u>49702-231-13</u>	EK5N	04/22	1
Customer PO: <u>000761</u>	BA8L	02/23	1
Reference Number: <u>50022065</u>	3L8S	11/22	1
Reference Date: <u>06/17/21</u>	N78R	05/22	1
Document Type: <u>Invoice</u>	N78V	05/22	1

(TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102	Shipped to: Name: McKesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102
Sold to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907	Shipped to: Name: Cintex Services LLC License Number: PHW004662 Address: 5400 Laurel Springs Pkwy Ste 803A Suwanee, GA 30024 Date Purchased & Ref: 06/16/21 3002781907
Sold to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065	Shipped to: Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065